

National Conference on Workplace Safety & Health Training

St. Louis, MO October 24-26, 1999

Registration Form (Note: Registration Limited, Onsite Availability Not Guaranteed)

Please Print- *Information will appear on your badge

First name* _____ MI _____ Last* _____

Organization* _____ Position/Title _____

Mailing Address _____

City* _____ State* _____ Zip _____ Telephone (____) _____

Fax (____) _____ E-mail _____

Please check major affiliation ☐ Academia, ☐ Government, ☐ Industry, ☐ Insurance, ☐ Labor/Union
☐ Professional/Trade Association, ☐ Other (specify) _____

Registration Fee per Person

Early

Postmarked after 9/17/99

Two day conference 10/25-10/26

\$110

\$150

Total \$

Please indicate first, second, third & fourth choice for each of the following concurrent sessions

Monday 10-25-99

Tuesday 10-26-99

Session 1, 11:15am

Session 2, 1:45pm

Session 3, 5:30pm

Session 4, 10:15am

Session 5, 1:00pm

____ M-1

____ M-8

____ M-20

____ T-1

____ T-13

____ M-2

____ M-9

____ M-21

____ T-2

____ T-14

____ M-3

____ M-10

____ M-22

____ T-3

____ T-15

____ M-4

____ M-11

____ M-23

____ T-4

____ T-16

____ M-5

____ M-12

____ M-24

____ T-5

____ T-17

____ M-6

____ M-13

____ M-25

____ T-6

____ T-18

____ M-7

____ M-14

____ M-26

____ T-7

____ T-19

____ M-15

____ M-27

____ T-8

____ M-16

____ M-28

____ T-9

____ M-17

____ T-10

____ M-18

____ T-11

____ T-12

Sunday Options

If you wish to attend morning or afternoon workshops on Sunday, October 24, please add \$50 per person per session to your conference registration

If attending please indicate first & second choice for the 1-5pm sessions

Total \$

Sunday 10-24-99

8:00am-12 noon

1:00pm-5:00pm

____ S-1

____ S-2

____ S-3

____ S-4

Payment (U.S. funds only)

____ Check payable to SOPHE

____ Purchase Order #

Note: Only state and federal institutions can submit

Purchase Orders. A copy of the Purchase Order must be attached for registration to be processed.

____ Visa ____ Mastercard Credit Card # _____ Expiration Date _____

Cardholder's Name _____ Signature _____

Total Amount Enclosed

\$

Send completed form to: SOPHE/NIOSH Conference
750 First St., NE, #910
Washington, DC 20002-4242

or Fax to: (202) 408-9815

Pre-registration forms must be postmarked by 9/17/99